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CONFIRMATION NO. 4175

<b>SERIAL NUMBER</b> 10/801,592	<b>FILING OR 371(c) DATE</b> 03/17/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1655	<b>ATTORNEY DOCKET NO.</b> BONN-101-A
<b>APPLICANTS</b> Marie-Christine Seguin, Residence Not Provided;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 10/404,058 04/02/2003 PAT 6,905,690				
<b>** FOREIGN APPLICATIONS *****</b> MONACO 002484 04/05/2002				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 06/02/2004				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b>	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 18
				<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 32954				
<b>TITLE</b> Citrullinylarginine dipeptide analogs and their dermatological uses as care and treatment agents				
<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	